

Case Number:	CM13-0028261		
Date Assigned:	11/22/2013	Date of Injury:	09/12/2001
Decision Date:	01/28/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in orthopedic surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41-year-old individual injured on 09/12/01 who appears to have been treated for chronic low back complaints. Medication usage would appear to have included a significant narcotic medication of Norco and Oxycontin. It appears that the use of testosterone supplementation and Cialis was indeed recommended due to a chronic narcotic regimen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cialis 5 mg PO daily for 30 days #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Page(s): 7.

Decision rationale: CA MTUS states, "consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations". Based on available data, this individual does not have demonstrated hypogonadism for chronic opioid use given that his testosterone levels are within normal limits. Cialis is not a form of testosterone replacement and would treat other

causes for erectile dysfunction and as there is not an apparent relation between the opioids and reported erectile dysfunction, the Cialis would not be considered as medically necessary.

Testosterone Supplementation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism.

Decision rationale: The MTUS Guidelines certainly address testosterone replacement for opioid related hypogonadism. It can be recommended for patients on high dose long-term opioids who have documented low testosterone levels. However, the testosterone level described in this case was that of "low normal". A QME in this case did provide a 3% impairment of the whole person for sexual dysfunction. However, it appears that this was ascribed to 20% to medication side effects and 80% to pain. Multiple records referred to testosterone levels as "within normal limits". Indeed, "low normal" would qualify as "within normal limits". Of the 116 submitted patients of information in this case, there is indeed a testosterone level collected on 12/17/12 with total testosterone at 435, well within the normal range of 250-1,100. Similarly, free testosterone was within the normal range at 60.2 with the normal range being 35.0-155. In conclusion, based on available data, this individual does not have demonstrated hypogonadism for chronic opioid use given that his testosterone levels are within normal limits. As such, the evidence-based guidelines are not satisfied for testosterone replacement.